



## Templates Part II

### Interim Progress Report - Budget Period Three

### Workplan - Budget Period Four

### Focus Area A: Preparedness Planning and Readiness Assessment

#### Budget Period Three Progress Report

Using the Interim Progress Report template below, provide a brief status report that describes progress made toward achievement of each of the *critical capacities* and *critical benchmarks* outlined in the continuation guidance issued by CDC in February 2002. Applicants should describe their agency's overall success in achieving each critical capacity. The progress report narratives should not exceed 1 page, single-spaced, for each critical capacity. Applicants are welcome to use bullet-point format in their answers, so long as the information is clearly conveyed in the response.

**CRITICAL CAPACITY:** To establish a process for strategic leadership, direction, coordination, and assessment of activities to ensure state and local readiness, interagency collaboration, and preparedness for bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies.

***Provide an update on progress during Project Year III toward achieving this critical capacity:***

Under the overall direction of Christine Ferguson, JD, Commissioner of Public Health, MDPH has identified three senior-level employees with experience in emergency preparedness and response to serve as directors of the bioterrorism preparedness and response program. The Assistant Commissioner for Communicable Disease Control, Alfred DeMaria, MD, has overseen the CDC's bioterrorism program epidemiology and surveillance components over the last four years. The Assistant Commissioner for the State Laboratory Institute, Ralph Timperi, MPH, who has directed the Laboratory Capacity – Biologic Agents component of the state's CDC bioterrorism program is also a member of the CDC-APHL Laboratory Response Network Steering Committee. Assistant Commissioner Nancy Ridley, MS, is the Department's senior representative for public health emergency management in the Massachusetts Emergency Management Agency headquarters, and serves as the director and Principal Investigator for the HRSA Hospital Preparedness and Planning agreement. Mr. Timperi and Dr. DeMaria are the Co-Principal Investigators for the CDC cooperative agreement.

The Executive Directors collaborate with the Emergency Preparedness and Response Program staff along with the Advisory Committees and the ten workgroups to complete the tasks outlined in the cooperative agreement. Effective communication with these entities as well as other state and local agencies is ensured through meetings, teleconferences, email listservs, and a website, as well as through the Alert Network. Work is assessed on an ongoing basis and feedback from the Advisory Committee is always incorporated when examining progress on each task.

**Critical Benchmark #1:** Please complete the table below by providing the names, titles and contact information for key bioterrorism staff. *Read instructions carefully before completing the table.*



<b>KEY BIOTERRORISM STAFF</b>	<b>NAME TITLE AGENCY/DEPT AFFILIATION</b>	<b>PHONE NUMBER FAX NUMBER EMAIL ADDRESS</b>
Executive Director (ED) of Bioterrorism Preparedness and Response Program	<b>Name: Nancy Ridley, MS</b>  <b>Title: Assistant Commissioner</b>  Agency/Dept Affiliation: Bureau of Health Quality Management, Department of Public Health	Phone: ( 617 ) 624 - 5280  Fax: ( 617 ) 624 - 5046  Email: nancy.ridley@state.ma.us
Executive Director (ED) of Bioterrorism Preparedness and Response Program	<b>Name: Ralph Timperi, MPH</b>  <b>Title: Assistant Commissioner</b>  Agency/Dept Affiliation: Bureau of Laboratory Sciences, Department of Public Health	Phone: ( 617 ) 983 - 6201  Fax: ( 617 ) 983 - 6210  Email: ralph.timperi@state.ma.us
Executive Director (ED) of Bioterrorism Preparedness and Response Program	<b>Name: Alfred DeMaria, MD</b>  <b>Title: Assistant Commissioner</b>  Agency/Dept Affiliation: Bureau of Communicable Disease Control, Department of Public Health	Phone: ( 617 ) 983 - 6550  Fax: ( 617 ) 983 - 6925  Email: alfred.demaria@state.ma.us

**Critical Benchmark #2:** Has your state established an advisory committee consisting of partner organizations to aid in your response efforts?

☒ YES      ☐ NO

**CRITICAL CAPACITY:** To conduct integrated assessments of public health system capacities related to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies to aid and improve planning, coordination, and implementation.



*Provide an update on progress during Project Year III toward achieving this critical capacity:*

In collaboration with local public health agencies, MDPH is facilitating a comprehensive statewide assessment providing information on existing capabilities and capacities, and identifying gaps to MDPH to utilize in its overall emergency preparedness planning efforts. The assessment will benchmark the state of current capabilities within the Commonwealth's public health system, and compare this capacity to a standard of required capabilities that will be determined. MDPH is utilizing Massachusetts specific inventory tools, developed in accordance with existing completed surveys and other tools, including the National Public Health Performance Standards – assessment tools developed collaboratively by CDC, ASTHO, NACCHO, NALBOH and other national public health partners – to assess progress towards meeting the benchmarks and critical and enhanced capacities described in the Cooperative Agreement guidance. Careful consideration is being taken to ensure that the final inventory tool developed for use in Massachusetts reflects the unique way that public health services are delivered in the Commonwealth.

In March 2002, MDPH received results of the Department of Justice/CDC Public Health Performance Assessment for Emergency Preparedness. This instrument was developed by the CDC to assist state and local public health systems in determining their ability to respond rapidly and effectively to biological and chemical agents and other acute public health emergencies. The results of the survey for 97 of Massachusetts 351 cities and towns have been evaluated. However, because the data contained in the survey are 2 years old, and there has been substantial preparedness activities in response to the events of September 11th and attention to the Federal Terrorist Alert Levels, MDPH has determined that more accurate and timely information must be obtained through a survey administered to a representative sample of the 351 local health departments in the Commonwealth as well as to other components of the public health and health care delivery systems.

The Massachusetts Hospital Association (MHA) has completed the data collection and analysis for the Terrorism Preparedness and Response Survey of the 76 acute care hospitals in Massachusetts. Summary information from this survey is informing the emergency preparedness and response plans being developed at the statewide level and in each of the Massachusetts Emergency Preparedness Regions. Massachusetts is also utilizing the results of preparedness planning and response surveys conducted among private and municipally controlled Emergency Medical Systems, Community Health Centers, and mental health practitioners.

MDPH issued a Request for Quotations (RFQ) to develop a Massachusetts-specific survey for the Needs Assessment. A panel, including representatives from MDPH, MHA, and local public health organizations, reviewed the proposals received in response to the RFQ and selected a vendor. This vendor is evaluating several different survey tools currently available and employs content experts in each of the CDC and HRSA identified focus areas. MDPH and the vendor are currently meeting with stakeholder groups and with MDPH facilitated workgroups to evaluate possible content and questions to be included in the survey. MDPH is taking specific actions to ensure that this survey tool is developed with full input from interested stakeholders to further ensure full and accurate responses. MDPH is working closely with members of the Local-State Health Department Coordinating Committee, and the Needs Assessment workgroup, which includes representation from local public health, hospitals, community health centers, Department of Mental Health, Emergency Medical Systems, the three Metropolitan Medical Response System communities in Massachusetts, public safety, schools of public health, and the Aquinnah Wampanoag Tribe.

By mid-August 2003, a final survey tool will be developed and pilot-tested. It will be administered to a representative sample of the 351 local health departments, public safety, and other components of the health care delivery system. By September 2003, MDPH and a vendor will begin data collection and analysis and identify any gaps in these capacities to a standard of required capabilities.

**Critical Benchmark #3:** What is the status of your state's integrated assessment (an assessment of current capabilities across all focus areas at the state, local and regional level) of public health systems capacity to respond to potential bioterrorist/emergency events? Choose only one of the following:



- ☐ Assessment work has not begun (0% completed)
- ☐ Assessment work has just started (less than 25% completed)
- ☐ Assessment work is underway (25-50% completed)
- ☐ Assessment work is more than half way completed (51-75% completed)
- ☐ Assessment work is close to completion (greater than 75% completed)
- ☐ Assessment work completed (100% completed)

**Critical Benchmark #4:** What is the status of your state’s legal assessment to determine adequacy of public health authority in responding to a bioterrorist event? Choose only one of the following:

- ☐ Assessment work has not begun (0% completed)
- ☐ Assessment work has just started (less than 25% completed)
- ☐ Assessment work is underway (25-50% completed)
- ☒ Assessment work is more than half way completed (51-75% completed)
- ☐ Assessment work is close to completion (greater than 75% completed)
- ☐ Assessment work completed (100% completed)

**CRITICAL CAPACITY:** To respond to emergencies caused by bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies through the development, exercise, and evaluation of a comprehensive public health emergency preparedness and response plan.

*Provide an update on progress during Project Year III toward achieving this critical capacity:*

MDPH is working at the local, regional and state levels to ensure response preparedness for bioterrorism, infectious disease outbreaks and other public health threats. At the local level, we are working with local health departments, hospitals, public safety and emergency management officials to discuss and identify roles and responsibilities for all emergency responders, whether they are first responders or longer term health and anti-hazard support providers. At the regional level, we have hired preparedness coordinators to work within each of the seven MDPH emergency preparedness regions. At the state level, we have hired a liaison to the Massachusetts Emergency Management Agency (MEMA), and are in the process of hiring a liaison to the Massachusetts Department of Fire Services. Each of these positions will help ensure coordination with these very important emergency response state resources and can represent both public health and emergency management interests during the creation and implementation of bioterrorism, infectious disease and/or other public health threat response plans.

Currently, MDPH is the primary agency responsible for implementing the Massachusetts Emergency Response Function-8 as outlined in the statewide Comprehensive Emergency Management Plan. The plan was written nearly ten years ago and MDPH, with the cooperation of MEMA, will update the latest version of the MAESF-8 responsibilities to include, among other response plans, smallpox, BioWatch and Strategic National Stockpile programs.

A series of table top exercises incorporating a bioterrorism scenario will be conducted in each of the seven emergency preparedness regions (some regions may be involved in the same exercise). Additionally, a statewide drill will be conducted to exercise interjurisdictional response to a multi-pronged terrorist event. Table top exercises should incorporate all entities that will be key resources during a bioterrorism event. These entities include MDPH, local health departments, local fire, police and EMS, local and state emergency management, local (if available) and state



HazMat, area hospitals, media and other public health interests.

**Critical Benchmark #5:** What is the status of your *statewide* response plan? Choose only one of the following:

- ☐ Work on plan has not begun (0% completed)
- ☐ Work on the plan has just started (less than 25% completed)
- ☐ Work on the plan is underway (25-50% completed)
- ☐ Work on the plan is more than half way completed (51-75% completed)
- ☒ Work on the plan is close to completion (greater than 75% completed)
- ☐ The plan is completed (100% completed)
- ☐ The plan is completed and has been adopted

**Critical Benchmark #6:** What is the status of your state's *regional* response plan? Choose only one of the following:

- ☐ Work on plan has not begun (0% completed)
- ☐ Work on the plan has just started (less than 25% completed)
- ☒ Work on the plan is underway (25-50% completed)
- ☐ Work on the plan is more than half way completed (51-75% completed)
- ☐ Work on the plan is close to completion (greater than 75% completed)
- ☐ The plan is completed (100% completed)
- ☐ The plan is completed and has been adopted

**CRITICAL CAPACITY:** To ensure that state, local, and regional preparedness for and response to bioterrorism, other infectious outbreaks, and other public health threats and emergencies are effectively coordinated with federal response assets.

***Provide an update on progress during Project Year III toward achieving this critical capacity:***

MDPH is working at the local, regional and state levels to ensure response preparedness for bioterrorism, infectious disease outbreaks and other public health threats. At the local level, we are working with local health departments, hospitals, public safety and emergency management officials to discuss and identify roles and responsibilities for all emergency responders, whether they are first responders or longer term health and anti-hazard support providers. At the regional level, we have hired preparedness coordinators to work within each of the seven MDPH emergency preparedness regions. At the state level, we have hired a liaison to MEMA and are in the process of hiring a liaison to the Massachusetts Department of Fire Services. Each of these positions will help ensure coordination with these very important emergency response state resources and can represent both public health and emergency management interests during the creation and implementation of bioterrorism, other infectious disease and/or other public health threat response plans.

**Critical Benchmark #7:** What is the status of your written plan to receive and manage items from the National Pharmaceutical Stockpile (NPS)?



- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/>            | Work on plan has not begun (0% completed)                            |
| <input checked="" type="checkbox"/> | Work on the plan has just started (less than 25% completed)          |
| <input type="checkbox"/>            | Work on the plan is underway (25-50% completed)                      |
| <input type="checkbox"/>            | Work on the plan is more than half way completed (51-75% completed)  |
| <input type="checkbox"/>            | Work on the plan is close to completion (greater than 75% completed) |
| <input type="checkbox"/>            | The plan is completed (100% completed)                               |
| <input type="checkbox"/>            | The plan is completed and has been adopted                           |

**CRITICAL CAPACITY:** To effectively manage the CDC National Pharmaceutical Stockpile (NPS), should it be deployed-- translating NPS plans into firm preparations, periodic testing of NPS preparedness, and periodic training for entities and individuals that are part of NPS preparedness

*Provide an update on progress during Project Year III toward achieving this critical capacity:*

An SNS Workgroup was established in August 2002 as a subcommittee of the Massachusetts Bioterrorism Preparedness and Response Advisory Committee and the Hospital Preparedness Planning Committee. The Workgroup is comprised of over 60 members, many of whom are representatives from the Advisory Committees as well as other technical and subject matter experts from government and NGOs. The SNS Workgroup meets regularly to advise the Committees and MDPH on implementing SNS-related aspects of the Bioterrorism Preparedness and Response Program. During the FY2002 budget period, the SNS Workgroup has:

- Developed a mission statement for the Workgroup
- Developed a workplan for Workgroup planning
- Established subgroups to work on developing plans for:
  - SNS distribution
  - SNS dispensing and administration
  - MMRS stockpile management and coordination
- Provided content for the SNS Workgroup website and established an e-mail listserv
- Reviewed the Massachusetts Interim SNS Asset Management Plan and began work on a comprehensive plan
- Underwent SNS Program review in September 2002
- Identified airports for receipt of SNS assets
- Identified a primary RSS (receipt, storage & staging) facility and reviewed with CDC/SNS Program
- Reviewed a potential secondary RSS facility
- Assisted the three MMRSs in Massachusetts in pharmaceutical stockpile planning
- Initiated development of a local planning tool for SNS
- Submitted a draft memorandum of agreement to CDC/SNS

Staffing plans for MDPH's SNS effort consist of a manager, statewide coordinator, three MMRS/regional coordinators and an administrative/logistical support position. In June 2002, MDPH assigned Dr. Grant Carrow, Ph.D., Director, Drug Control Program, to manage the SNS preparedness planning effort. In May 2003, MDPH appointed Dr. Robert Paone, Pharm. D., as Statewide SNS Coordinator. In April 2003, Boston Emergency Medical Services, under a contract with MDPH, appointed Amy Zepecki as the Boston MMRS/regional coordinator. A position for one other MMRS/regional coordinator (pharmacist) has been created and a vacancy announcement posted. Michael Mozzer, Assistant Director for Operations, Drug Control Program, has been assisting with coordinating with Worcester and Springfield MMRSs.

Staff are redundantly tethered to MDPH and MEMA emergency response functions. Staff have been involved in the following training activities:





- Dr. Sophia Dyer and John Bilotas of Boston EMS participated in the SNS training course at the Noble Training Center (8/2002)
- Dr. Carrow observed the Florida Bioshield exercise in Tallahassee (2/2003)
- Dr. Carrow participated in the SNS training course at the Noble Training Center (3/2003)
- MDPH/SNS staff received training on the Massachusetts Alert Network pilot (4-5/2003)
- Dr. Paone, Christine Packard, MDPH Liaison to MEMA, and John Tommaney, MEMA, participated in the SNS training course at the Noble Training Center (6/2003)

In addition to regular updates of the Advisory Committees, Dr. Carrow has provided presentations on Massachusetts' SNS preparedness planning at conferences of the following organizations:

International Emergency Management Group (10/2002)

- Massachusetts Health Council (1/2003)
- Massachusetts Hospital Association (1/2003)
- Massachusetts Association of Public Health Nurses (5/2003)
- Northeast Food and Drug Officials Association (5/2003)



## Budget Year Four Workplan

For each Recipient Activity applicants should complete the work plan templates attached below. Applicants are welcome to use bullet-point format in their answers, so long as the information is clearly conveyed in the response. All responses should be brief and concise. **Please note that full use of the CDC templates will meet all of the requirements for submission of a progress report and work plan.** Although no additional information is required, grantees may elect to submit other essential supporting documents via the web portal by uploading them as additional electronic files.

### I. STRATEGIC DIRECTION, COORDINATION, AND ASSESSMENT

**CRITICAL CAPACITY #1:** To establish a process for strategic leadership, direction, coordination, and assessment of activities to ensure state and local readiness, interagency collaboration, and preparedness for bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies.

1. Continue to support a Senior Public Health Official within the state/local health department, to serve as Executive Director of the project's Terrorism Preparedness and Response Program.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

Under the overall direction of Christine Ferguson, JD, Commissioner of Public Health, MDPH has identified three senior-level employees with experience in emergency preparedness and response to serve as directors of the bioterrorism preparedness and response program. The Assistant Commissioner for Communicable Disease Control, Alfred DeMaria, MD, has overseen the CDC's bioterrorism program epidemiology and surveillance components over the last four years. The Assistant Commissioner for the State Laboratory Institute, Ralph Timperi, MPH, who has directed the Laboratory Capacity – Biologic Agents component of the state's CDC bioterrorism program is also a member of the CDC-APHL Laboratory Response Network Steering Committee. Assistant Commissioner Nancy Ridley, MS, is the Department's senior representative for public health emergency management in the Massachusetts Emergency Management Agency headquarters, and serves as the director and Principal Investigator for the HRSA Hospital Preparedness and Planning agreement. Mr. Timperi and Dr. DeMaria are the Co-Principal Investigators for the CDC cooperative agreement.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

The continued duties and responsibilities of the Executive Directors include:

- Development of fully integrated CDC and HRSA Cooperative Agreement applications
- Co-chairs of the Bioterrorism Preparedness and Response Advisory Committee (see below for description of committee)
- Oversight of CDC Bioterrorism Preparedness and Response Program funding allocations
- Leadership of emergency preparedness and response personnel within MDPH
- Coordination of all activities related to emergency preparedness and response, particularly bioterrorism efforts, within the MDPH
- Liaison to federal, state, local, private and volunteer organizations in bioterrorism preparedness and response activities.
- Coordination of CDC, HRSA and Metropolitan Medical Response System (MMRS) activities relative to bioterrorism.

Additionally, the Executive Directors, in collaboration with the Advisory Committee, assigned tasks to the 11





workgroups. The chairs of the workgroups report to the Executive Directors on all tasks being carried out under the two cooperative agreements.

*Timeline: What are the critical milestones and completion dates for each task?*

The support staff adheres to the critical milestones and completion dates that have been identified in the workplans of the various workgroups, in accordance with the cooperative agreements.

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

The chairpersons of each workgroup oversee the completion of the assigned tasks.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

The Emergency Preparedness and Response Program staff and the Advisory Committees will continue to support the Executive Directors in planning for the Terrorism Preparedness and Response Program through biweekly staff meetings, bimonthly workgroup meetings, and quarterly Advisory Committee meetings, as well as daily communication via email and telephone.

2. Establish or enhance a coordinated and integrated process for setting goals and objectives, implementing work plans with timelines, monitoring progress, and allocating resources as it relates to this entire cooperative agreement program.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

In order to allocate current funding, MDPH proposes to centralize public health emergency response planning and preparedness activities. The structure for a comprehensive preparedness workplan was initiated shortly after September 11<sup>th</sup> and will continue to be the driving force to insure the readiness of the Department.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

As part of the original BT Cooperative Agreement, a Bioterrorism Workgroup was formed in January 2000. This working group continues to meet on a monthly/bi-monthly schedule and has representation from the laboratories, Alert Network, epidemiology and surveillance, and special projects including the Boston Public Health Commission's Hospital Volume-based Surveillance Project and the Harvard Vanguard Pediatric Syndromic Surveillance Project. Key partners such as FBI, HazMat technicians, and DHS/Office of Emergency Response (OER) regional coordinator attend meetings as needed.

Since October 2001, MDPH holds bi-weekly "Emergency Preparedness Meetings" consisting of all staff involved in emergency preparedness and response, including the Commissioner and her senior staff. These meetings enable the Department to monitor progress on activities, particularly bioterrorism preparedness activities, develop timelines for new and ongoing activities, and account for deliverables from pertinent staff. The Emergency Preparedness Coordinator ensures a coordinated and integrated process for monitoring progress, allocating resources, and developing workplans related to critical capacities.

*Timeline: What are the critical milestones and completion dates for each task?*

The Emergency Preparedness Coordinator, Cynthia Larson, ensures that Emergency Preparedness meetings are held at least twice a month. In these, she keeps an up-to-date record of milestones, workgroup outcomes, past meetings/exercises/training, and emerging issues (such as SARS). The multiple milestones are adhered to in a timely manner, as well as assigned completion dates.

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

The Emergency Preparedness Coordinator, Cynthia Larson, ensures that the several dozen people involved in the



work to address the critical capacities and benchmarks keep to the deadlines that are set for each task. Additionally, Bob Goldstein, Director of the Division of Epidemiology and Immunization, is the other primary staff person responsible for assigning tasks and ensuring completion.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

Detailed progress reports are submitted semiannually to both the CDC and HRSA on the completion of tasks; these reports track the Commonwealth of Massachusetts' progress to the federal government. MDPH conversely requires detailed narrative progress and financial status reports from vendors and contractors we work with.

3. Develop and maintain a financial accounting system capable of tracking costs by focus area, critical capacity, and funds provided to local health agencies. **(CRITICAL BENCHMARK #1)**

*Strategies: What overarching approach(es) will be used to undertake this activity?*

CDC has convened a workgroup to advise grantees on how to respond to this question. MDPH is waiting on further guidance from the CDC.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

See above

*Timeline: What are the critical milestones and completion dates for each task?*

See above

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

See above

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

See above

4. (HRSA/CDC Cross-Cutting Activity) Maintain and extend as appropriate a database displaying activities funded jointly by the CDC and HRSA cooperative agreements, and as applicable, other sources, in a form that can be included readily in progress reports or provided in response to special requests from the project officer.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

Please refer to Cross-Cutting Benchmark #5 (Jointly Funded Health Department – Hospital Activities) in the Cross-Cutting Section of this cooperative agreement application.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

See above

*Timeline: What are the critical milestones and completion dates for each task?*

See above

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*



See above

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

See above

5. (Smallpox) Appoint or continue to support a coordinator for the National Smallpox Vaccination Program.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

A Smallpox Coordinator has been hired. A Medical Director has also been hired to provide medical oversight for all smallpox surveillance and vaccination activities, including screening for contraindications, vaccine administration, take evaluation, and monitoring and management of adverse events. This individual will work in consultation with the Medical Director of the Massachusetts Immunization Program.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

Train and orient the Smallpox Coordinator. Develop and refine protocols for smallpox vaccination screening, vaccine administration, take evaluation and adverse events monitoring and management.

*Timeline: What are the critical milestones and completion dates for each task?*

The Smallpox Coordinator will start June 1, 2003. She will attend training and be certified as smallpox vaccination team member by June 30, 2003. All clinical protocols will be completed by July 2004.

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

The Smallpox Coordinator will be supervised by the Bioterrorism Response Nurse and will be trained and oriented by the Interim Smallpox Coordinator. The Medical Director will be supervised by the Director, Division of Epidemiology and Immunization and the State Epidemiologist.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

Completion of this activity will be determined successful when the Smallpox Coordinator is able to conduct smallpox vaccination training and clinics.

6. (HRSA/CDC Cross-Cutting Activity) Establish an Advisory Committee to assist the senior State health official in overseeing both the CDC and HRSA cooperative agreements.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

MDPH invited representatives from the required organizations as well as those from other public and private entities to join the Bioterrorism Preparedness and Response Advisory Committee in March 2002. Other members have joined as the Committee has expanded and formed workgroups. Communication is facilitated through quarterly Advisory Committee meetings, bimonthly workgroup meetings, conference calls, a website and email listservs.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

Eleven workgroups were created to address the tasks named in the cooperative agreement. Each workgroup meets individually to form workplans and draft recommendations, and reports back to the Advisory Committee at quarterly meetings. The Advisory Committee works collaboratively with the three MMRS cities, Boston, Springfield, and Worcester, as well as with the state-mandated Public Health Emergency Planning Council and Advisory Committee.

*Timeline: What are the critical milestones and completion dates for each task?*



Each workgroup has identified critical milestones and completion dates through individual workplans, corresponding to timelines specified in the cooperative agreements.

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

The following are a list of the 11 workgroups along with the respective workgroup facilitators:

- Decontamination and Isolation - Nancy Ridley, MS, Assistant Commissioner
- Education and Training - Allison Hackbarth, MPH, Division of Epidemiology and Immunization
- Epidemiology and Surveillance - Bob Goldstein, MPH, Director, Division of Epidemiology and Immunization
- Alert Network - James Daniel, MPH, Division of Epidemiology and Immunization
- Laboratory - Ralph Timperi, MPH, Assistant Commissioner
- Mental Health and Substance Abuse - Debbie Klein Walker, PhD, Associate Commissioner
- Needs Assessment - Jana Ferguson, Local Health Preparedness Coordinator
- Risk Communication - Bob Goldstein, MPH, Director, Division of Epidemiology and Immunization
- Smallpox Vaccine - Al DeMaria, MD, Assistant Commissioner
- Strategic National Stockpile - Grant Carrow, PhD, Director, Drug Control Program
- Surge Capacity - Nancy Ridley, MS, Assistant Commissioner

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

MDPH will continue effective communication with members of the Advisory Committee and its workgroups, and will examine the Advisory Committee's progress toward completion of tasks at each meeting, incorporating member feedback, and workgroup timelines and goals.

**CRITICAL CAPACITY #2:** To conduct integrated assessments of public health system capacities related to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies to aid and improve planning, coordination, and implementation.

1. Conduct a comprehensive analysis of all information and data obtained during the assessments of emergency preparedness and response capabilities related to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies. Document the findings and corrective actions taken and establish timelines, goals and objectives for achieving and refining the critical capacity requirements.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

The Needs Assessment of emergency preparedness and response capabilities is currently underway. MDPH will analyze the data collected from the survey to determine existing capacity and to identify areas that must be improved to reach standard benchmarks. MDPH will use this information to further inform state, regional and local emergency preparedness planning and to direct resources as appropriate. Possible uses of the continuation funding would be to conduct further evaluation of existing data or to augment information with supplemental needs assessment surveys. MDPH will utilize the National Public Health Performance Standards assessment tools in the needs assessment activities; results will guide the development of an overall public health infrastructure improvement plan.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- Assess current state of preparedness and response capacity – utilizing current capacity and benchmark goals
- Provide recommendations regarding future planning and implementation efforts
- Meet regularly with MDPH staff and Bioterrorism Advisory Committee
- Provide detailed narrative progress reports to MDPH
- Submit final report and recommendations to MDPH
- Utilize findings to guide state, regional, and local emergency preparedness and response plans



*Timeline: What are the critical milestones and completion dates for each task?*

- Custom Massachusetts local and state public health emergency preparedness and response needs assessment tool will be completed and pilot tested by 8/31/2003
- Data collection of a representative sample of the 351 local health departments will begin. Other surveyed entities include hospitals, emergency medical systems, and public safety organizations by 9/15/2003
- Data collection will be completed. Ongoing analysis of collected data will be conducted. Final analysis will begin once all surveys have been completed by 2/28/2004
- Analysis of data collected from needs assessment surveys will be completed by 3/31/2004
- Written recommendations regarding public health infrastructure improvement will be submitted to MDPH by 4/30/2004

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

MDPH staff is working collaboratively with other agencies to complete a comprehensive needs assessment of emergency preparedness and response capacities in Massachusetts. The Emergency Preparedness Coordinator and the Local Health Preparedness Coordinator are overseeing the completion of needs assessment activities for MDPH.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

Detailed written progress reports will be submitted to inform senior staff during the needs assessment projects. Progress will be evaluated on the following criteria:

- Timelines met
- Number of local health departments surveyed
- Completeness of data
- Written recommendations submitted to inform state, regional, and local emergency preparedness planning activities

2. Conduct a comprehensive analysis of all information and data obtained during the assessments of statutes, regulations, and ordinances within the state and local public health jurisdictions that provide for credentialing, licensure, and delegation of authority for executing emergency public health measures, as well as special provisions for the liability of healthcare personnel in coordination with adjacent states. Additionally, there should be mention of workers' compensation issues and the health issues of workers and their families who may be involved in emergency response. Establish timelines, goals and objectives for achieving and refining the critical capacity requirements.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

Review and analysis of current statutes and regulations in Massachusetts and adjacent states and Eastern Canadian provinces.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- Identify gaps in Massachusetts laws and regulations, and propose legislation, regulatory changes, policy statements and/or memoranda to address them.
- Work through NEMA and the Legal Workgroup of the International Emergency Management Group (IEMG) to identify legal problems related to the provision of emergency and medical services across state and international (Eastern Canada) borders.

*Timeline: What are the critical milestones and completion dates for each task?*

For Massachusetts:



- Complete gap analysis by 9/30/2003
- Issue memoranda or policy statements to address gaps by 12/31/2003
- Propose regulatory changes by 12/31/2003
- Propose legislation to address gaps by 3/31/2004

For cross border issues:

- Complete analysis by 12/31/2003

If any needed national changes are identified, coordination with national groups will be required.

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

Legal Consultant to MDPH, MDPH's Office of General Counsel and counsel for the boards of registration of health professionals, will analyze and propose state statutory, regulatory and other changes. As this work moves forward, consultation will be needed with the Office of the Attorney General, the Massachusetts Emergency Management Agency (MEMA), and possibly other state agencies.

Legal Consultant will work with NEMA and the Legal Workgroup of the IEMG in analysis of cross-border issues. Resolution of cross-border issues may require a national approach.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

Massachusetts: This activity will be successfully completed when suitable legislation, regulations, memoranda and policy statements are drafted to address issues of credentialing, licensure, delegation of authority, liability and compensation for health care personnel.

Cross-border response: This activity will be successfully completed when the relevant states and provinces determine that legal barriers to cross-border response have been eliminated.

3. (Smallpox) Conduct an assessment of statutes, regulations, and ordinances within the state and local public health jurisdictions that include special provisions for liability protection and compensation for adverse events post-vaccination of healthcare personnel who participate in the National Smallpox Vaccination Program.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

Review of current state statutes and regulations.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

Review current status, identify any gaps and possibly propose legislation if gaps are identified.

*Timeline: What are the critical milestones and completion dates for each task?*

Complete review by 12/31/2003

If legislation is determined to be advisable, propose legislation, by 3/2004

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

MDPH's Office of General Counsel and Legal Consultant to MDPH.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

This activity will be successfully completed when suitable legislation is drafted, if legislation is determined to be advisable; or when it is determined that no new legislation is needed.





**ENHANCED CAPACITY #1:** To ensure public health emergency preparedness and response through the development of necessary public health infrastructure.

1. Conduct a state-wide assessment of state, local and governance capacity of the public health system using the [National Public Health Performance Standards](#) assessment instruments developed collaboratively by CDC, ASTHO, NACCHO, NALBOH and other national public health partners. Use the results of these assessments to guide the development of an overall public health infrastructure improvement plan.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

MDPH is currently engaged in the Needs Assessment process. We are evaluating several survey tools, including the National Public Health Performance Standards assessment instruments, to develop a survey tool that is comprehensive and sensitive to the unique way that the Commonwealth of Massachusetts provides public health services. Massachusetts does not have a county public health delivery system, but rather is comprised of 351 city and town local health departments in addition to the state MDPH. Many of the questions utilized in existing tools are less relevant to municipal level services, necessitating the development of a Massachusetts-specific document. Once this tool is developed, MDPH in collaboration with a vendor will begin data collection and analysis. Target stakeholder groups who will participate in the needs assessment include state and local public health, the health care delivery system, public safety (including municipal and private ambulance services), and city and town administrators.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- Evaluation of over 15 existing survey tools, including the National Public Health Performance Standards
- Development of a Massachusetts-specific survey tool, using extensive local stakeholder feedback.
- Data collection and analysis
- Written recommendations to MDPH for incorporating results of the assessment into state, local, and regional emergency preparedness and response planning and exercises.

*Timeline: What are the critical milestones and completion dates for each task?*

- Custom Massachusetts local and state public health emergency preparedness and response needs assessment tool will be completed and pilot tested by 8/31/2003
- Data collection of a representative sample of the 351 local health departments will begin by 9/15/2003. Other surveyed entities include hospitals, emergency medical systems, and public safety organizations
- Data collection will be completed by 2/28/2004. Ongoing analysis of collected data will be conducted. Final analysis will begin once all surveys have been completed
- Analysis of data collected from needs assessment surveys will be completed by 3/31/2004
- Written recommendations regarding public health infrastructure improvement will be submitted to MDPH by 4/30/2004

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

The Local Health Preparedness Coordinator is the central figure in the Needs Assessment. MDPH staff, including workgroup facilitators, the Emergency Preparedness Coordinator, the Director of the Division of Epidemiology and Immunization, and the senior staff directing the HRSA Hospital Preparedness and Planning and the CDC Bioterrorism Public Health Emergency Preparedness and Response Planning are directly involved in the work of the Needs Assessment. The Local Health Preparedness Coordinator provides updates to workgroup sessions and facilitates the Needs Assessment Workgroup, which is overseeing the assessment project.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

- On-time development of a survey tool that reflects the National Public Health Performance Standards and also



recognizes Massachusetts public health service delivery

- Accurate and complete data recovery from stakeholder groups responding to the survey
- Surveys completed by over 80% of the sample of 351 cities and towns in Massachusetts
- Written recommendations provided that will inform the emergency preparedness activities at the local, regional and state level.

2. Create a joint state-local public health infrastructure improvement plan including timelines, goals and objectives for achieving and refining the critical capacity requirements. The process for plan development should be guided by the principles of state-local collaboration developed by [ASTHO](#) and [NACCHO](#). Documentation of adherence to these principles should be provided as evidence of the collaborative process.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

MDPH has included the local public health departments in all stages of the emergency preparedness and planning efforts. MDPH hired a Local Health Preparedness Coordinator with extensive experience in local public health to further facilitate this process. Seven (7) Regional Preparedness Coordinators are being hired and/or funded and will be placed in the seven identified Massachusetts preparedness regions in order to provide closer connectivity with communities. MDPH works with State-Local Health Advisory Committee and each of the 11 workgroups, as well as the Advisory Committees, include local health participants. MDPH and local public health are working together to develop state, regional, and local preparedness plans that encompass all of the organizations that will be required to work together in an emergency, including public health, public safety, emergency management, and the healthcare delivery system. All capacities being developed are considered for dual-use purposes to further strengthen public health infrastructure for daily activities. MDPH is utilizing existing tools, including the National Public Health Performance Standards and the Local and State Emergency Preparedness and Response Inventories in the Needs Assessment Process. In addition, MDPH and local health are utilizing the principles of Mobilizing for Action through Planning and Partnership (MAPP) to improve the planning process and to assist state and local health in bringing together members of the community who are essential to the emergency preparedness planning process.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- Continue to meet with local health groups in regional meetings, local meetings, and within workgroup participation
- Include local health and other community stakeholders in the process for developing the needs assessment
- Continue to work with local health to assist in the development of state, regional, and local emergency preparedness plans that incorporate public health, public safety, emergency management, and the health care delivery systems.
- Written progress reports will be provided by the Regional Coordinators regarding specific state-local collaborative efforts in each region.

*Timeline: What are the critical milestones and completion dates for each task?*

MDPH has integrated local health participation in all steps of our emergency preparedness and response planning. Regional Coordinators should be in place by 8/2003

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

- Local Health Preparedness Coordinator
- Regional Preparedness Coordinators

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*



- Feedback from local health participants
- Adherence to NACCHO and MAPP guidelines
- Written reports of activity conducted in preparedness regions

3. Conduct comprehensive system and community health improvement planning using a model such as Mobilizing for Action through Planning and Partnerships (MAPP) (see <http://www.naccho.org/>).

*Strategies: What overarching approach(es) will be used to undertake this activity?*

MDPH has been working with local community stakeholders, including public health, public safety, and the health care delivery system throughout the planning process. MDPH works with the CDC/HRSA Advisory Committee, made up of state and local stakeholder participants. These organizations and individuals oversee the process. MDPH will incorporate the MAPP structure to build further commitment, engage participants as active partners, and develop a plan that can be realistically implemented. MDPH already uses components of the MAPP process, but will further implement these strategies at the workgroup and regional meeting level.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- Core support teams and committees, will be selected at each regional level to encourage broad community involvement at the local and regional level
- Timelines and workplans will be developed in each of the Massachusetts preparedness regions
- Local health will be educated about principles of the MAPP process, including how to engage community participation and conduct community assessments. Assessments of local health capacity are being included in the Needs Assessment process
- Planning will continue on the state, regional and local levels with extensive local participation, incorporating the goals and strategies developed in the regional meetings and workgroups

*Timeline: What are the critical milestones and completion dates for each task?*

The Needs Assessment process is on-going. Regional Preparedness Coordinators will be in place by 8/2003  
The process will be ongoing throughout the fiscal year.

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

- Local Health Preparedness Coordinator
- Regional Preparedness Coordinators
- Workgroup facilitators

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

- Using MAPP guidance to inform the process
- Feedback from participants
- Development of useful emergency preparedness and response plans that focus on strengthening local public health infrastructure

**ENHANCED CAPACITY #2:** To recruit, retain, and fully develop public health leaders and managers with current knowledge and expertise in advanced management and leadership principles who will play critical roles in responding to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.

1. Develop or support formal state and local public health leadership and management development.



Coordinate with established state/regional public health leadership institutes covering the geographic area.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

MDPH will collaborate with relevant associations and agencies to fortify the public health infrastructure relative to bioterrorism and emergency preparedness by providing appropriate priority training and coordination of educational services across a broad spectrum of public, quasi public, and private organizations, on topics identified through the statewide needs assessment and other needs assessments, and identified through each of the 11 statewide Workgroups that have formed.

Additionally, the City of Wellesley is part of the NACCHO Workforce & Leadership Development Project called *Public Health Ready*. Wellesley is one of 12 pilot cities nationwide participating in a program to prepare staff of local governmental public health agencies to respond and protect the public health's through a competency-based training and certification program.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- continue to develop and build collaborations and partnerships formed during the past year with relevant associations and agencies
- identify priority preparedness training from the statewide needs assessment and other needs assessments, and with input from the 11 statewide workgroups
- develop public health leadership and management development courses in coordination with the public health leadership institutes in the state

*Timeline: What are the critical milestones and completion dates for each task?*

The statewide Education and Training Workgroup continues to meet on a monthly basis to accomplish the tasks listed above, among others. A collaborative training project with the Harvard Center for Public Health Preparedness has been initiated. It will be a locally developed and locally led satellite broadcast to be aired on July 8, 2003. A second broadcast will be held in the fall of 2003, and may include public health leadership/management.

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

The Focus Area G Coordinator (who is also the Education and Training Workgroup coordinator), the Curriculum Planning and Inventory Subgroup Coordinator, and the HRSA Medical Director and Hospital Preparedness Coordinator, in collaboration with the MDPH Division of Epidemiology and Immunization Health Education Unit and the other ten workgroup coordinators, will be responsible for the tasks associated with this activity.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

Progress toward the successful completion of this activity will be determined by the accomplishment of the milestones according to the timeline above.

2. Develop specialized state and local public health leadership and management training in advanced concepts of incident command and bioterrorism communication.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

As mentioned above, MDPH has partnered with the Harvard Center for Public Health Preparedness in developing a satellite broadcast training program that will focus on topics like incident command and emergency preparedness. In this collaboration, MDPH will explore the possibility of developing specialized state and local public health leadership and management training in advanced concepts of incident command and bioterrorism communication.



Additionally, the City of Wellesley is part of the NACCHO Workforce & Leadership Development Project called *Public Health Ready*. Wellesley is one of 12 pilot cities nationwide participating in a program to prepare staff of local governmental public health agencies to respond and protect the public health's through a competency-based training and certification program.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

An initial satellite broadcast has been planned. Locally-developed and locally-led broadcasts will be aired in various locations across the state; the first broadcast is to take place July 8, 2003.

*Timeline: What are the critical milestones and completion dates for each task?*

MDPH has subscribed into the Public Health Foundation's learning management system called TrainingFinder Real-time Affiliated Integrated Network (TRAIN). The target date for implementation of this system in Massachusetts is July 2003. Additionally, the first satellite broadcast mentioned above (that will be done in conjunction with Harvard's Center for Public Health Preparedness) will be aired on July 8, 2003. A second broadcast is forecasted for the fall of 2003.

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

The Focus Area G Coordinator (who is also the Education and Training Workgroup coordinator), the Curriculum Planning and Inventory Subgroup Coordinator, and the HRSA Medical Director and Hospital Preparedness Coordinator, in collaboration with the MDPH Division of Epidemiology and Immunization Health Education Unit and the other nine workgroup coordinators, will be responsible for the tasks associated with this activity.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

Progress toward the successful completion of this activity will be determined by the accomplishment of the milestones according to the timeline above.

## II. PREPAREDNESS AND RESPONSE PLANNING

**CRITICAL CAPACITY #3:** To respond to emergencies caused by bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies through the development, exercise, and evaluation of a comprehensive public health emergency preparedness and response plan.

1. Develop or enhance scalable *plans* that support local, statewide, and regional response to incidents of bioterrorism, catastrophic infectious disease, such as pandemic influenza, other infectious disease outbreaks, and other public health threats and emergencies. Plans must include detailed preparations to rapidly administer vaccines, other pharmaceuticals, and mental health services to large populations. This should include the development of emergency mutual aid agreements and/or compacts, and inclusion of hospitals. (**CRITICAL BENCHMARK #2**)

*Strategies: What overarching approach(es) will be used to undertake this activity?*

Mitigate the impact of the next influenza pandemic by:

- 1) increasing coverage with annual influenza vaccination to 90% for all high-risk groups during the current inter-pandemic period (to provide a more solid infrastructure upon which to base a pandemic vaccination program for such groups);
- 2) improve coverage with pneumococcal vaccine to 90% during the current inter-pandemic period (vaccinating





- people at risk for pneumococcal disease now will reduce deaths during a pandemic caused by secondary bacterial pneumonia, the most common complication of influenza); and
- 3) strengthen communication about circulating strains of influenza and emergence of any novel or pandemic strains.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- Provide training and education to all private and public health care providers, including local health departments, on best practices, including the use of standing orders, to increase influenza and pneumococcal vaccination rates
- Strengthen the Statewide Adult Immunization Coalition to develop strategies to provide influenza and pneumococcal vaccine to underserved populations in the Commonwealth
- A website will be developed providing information about influenza and other respiratory viruses at both the state and regional levels. Advisories, alerts and other important communications will also be posted on this website.

*Timeline: What are the critical milestones and completion dates for each task?*

- Contract with the State Quality Assurance Organization by 9/2003 to
- provide training on best practices for influenza and pneumococcal vaccination through its established network and partnerships with public and private providers
  - provide administrative and technical support to the Adult Immunization Coalition to enhance community awareness about the importance of influenza and pneumococcal vaccines and coordinate activities among providers to identify and serve underserved populations
  - by 10/2003 a vendor will be selected and by 1/2004 the website will be developed. A goal of the provider is to identify and serve underserved populations

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

The contract with the State Quality Assurance Organization will be coordinated, monitored and evaluated by the MDPH Adult Immunization Coordinator and the Immunization Program Manager. The Immunization Morbidity Coordinator, Influenza Epidemiologist, and identified vendor will also be responsible for these tasks.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

- Progress toward the successful completion of this activity will be determined by
- the establishment of a contract with the State Quality Assurance Organization
  - the number of trainings on influenza and pneumococcal vaccination conducted between 8/2003 – 7/2004
  - the increase in influenza and pneumococcal vaccination rates as measured by the Behavioral Risk Factor Surveillance System (BRFSS)
  - the successful posting of surveillance information and advisories 3/2004

2. Demonstrate how preparedness and response planning is coordinated within existing emergency management infrastructure that is facilitated and supported by all appropriate federal response plans.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

Currently, MDPH is the primary agency responsible for implementing the Massachusetts Emergency Response Function-8 (MAESF-8) as outlined in the statewide Comprehensive Emergency Management Plan (CEMP). The plan was written nearly ten years ago and MDPH, with the cooperation of the Massachusetts Emergency Management Agency, will update the latest version of the MAESF-8 responsibilities to include, among other response plans, smallpox, BioWatch and Strategic National Stockpile programs.

To accomplish this, MDPH must thoroughly review the current MAESF-8 in conjunction with its support agencies,





stakeholders and emergency management agencies.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- Work with emergency management and emergency preparedness regions to solicit input regarding updates.
- Work with Smallpox and SNS workgroups to finalize plan and incorporate them into MAESF-8

*Timeline: What are the critical milestones and completion dates for each task?*

- Conduct review of MAESF-8 between 10/2003- 11/2003
- Ensure all interested parties, stakeholders have given appropriate input between 12/2003- 2/2004
- Draft update completed by 4/2004
- Draft SNS and Smallpox plans uniformly written and incorporated into draft update between 4/2004 - 6/2004
- Submit final draft to appropriate personnel for approval by 8/2004
- Incorporate finalized plan into statewide CEMP by 9/2004

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

Christine Packard, MDPH Liaison to MEMA.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

Updated plans that reflect current needs. Completion of smallpox and SNS plans.

3. Maintain a system for 24/7 notification or activation of the public health emergency response system. **(CRITICAL BENCHMARK #3)**

*Strategies: What overarching approach(es) will be used to undertake this activity?*

MDPH has engaged over 15 of the Commonwealth's agencies and organizations including hospitals, state and local public health officials, law enforcement and other key participants in establishing communication infrastructures for alerting and data sharing.

With regular meetings, our key stakeholders have played an integral role in defining and optimizing the solution suite for addressing the Commonwealth's communication needs. From establishing communication protocols to specifying application requirements, this cross agency cooperation has ensured coordinated efforts throughout the Commonwealth and optimal system integrations. To date, MDPH supports and maintains the Alert Network, Dialogics Broadcast Communicator and an in house surveillance application which receives some electronic laboratory reports.

For further information on the Alert Network and backup communication systems see Critical Capacity #11, Section 1 and Critical Capacity #12, Section 1.

All design, development and implementation will be conducted according to the specifications and guidelines of the Public Health Information Network (PHIN)

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- Continue statewide deployment of the Alert Network to include representation from all 351 local health jurisdictions, physicians, public safety, EMS, hospitals and all other public health partners
- Ensure backup communication systems such as satellite phones and two-way radios are in place
- Integrate other applications to communicate with the Alert Network as appropriate.

*Timeline: What are the critical milestones and completion dates for each task?*



- Statewide deployment of Alert Network begins by 9/2003
- Redundant communications in place by 1/2004

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

MDPH Division of Epidemiology and Immunization, along with key stakeholders and identified contractors, will be responsible for continued maintenance of 24/7 notification system.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

Routine tests and drills will be held. Reports indicating that at least 90% of the representatives were contacted during a simulated public health emergency will be considered successful.

4. Exercise all plans on an annual basis to demonstrate proficiency in responding to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies. **(CRITICAL BENCHMARK #4)**

*Strategies: What overarching approach(es) will be used to undertake this activity?*

A series of table top exercises incorporating a bioterrorism scenario will be conducted for each of the seven emergency preparedness regions (regions 4a and 4b would be involved in the same exercise). Exercises will be designed to incorporate all entities that will be key resources during a bioterrorism event. These entities include MDPH, local health departments, local fire, police and EMS, local and state emergency management, local (if available) and state HazMat, area hospitals, media and other public health interests.

Once the table top exercises have been conducted, a statewide full-scale bioterrorism drill will be held involving virtually all regions and jurisdictions. This exercise will be designed similarly to the Chicago and Seattle-area TopOff exercises. This drill will test the statewide emergency response system, and involve all levels (local, state, and federal) of government and will incorporate all jurisdictions of emergency response.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

MDPH will contract out the design and implementation of both the regional table top exercises and the statewide drill. The contractor will develop scenarios and set of objectives for the table tops and drill and coordinate logistics, ensuring all key players participate. The contractor will be expected to conduct after-action discussion and submit to MDPH a written after-action report incorporating suggestions for improvement and outlining lessons learned.

*Timeline: What are the critical milestones and completion dates for each task?*

- Draft RFR written by 10/2003
- Finalized RFR out to bid by 11/2003
- Bids due by 12/2003
- Contractor selected by 12/2003
- Draft Table Top Module submitted to MDPH by 3/2004
- Draft statewide drill template submitted to MDPH by 4/2004
- Table Top Module finalized by 4/2004
- Regional Table Top Exercises Begin by 5/2004
- Finalized statewide drill template completed by 5/2004
- Logistics Planning for statewide drill between 5/2004 – 9/2004
- Table Top exercises completed by 9/2004
- Statewide Drill 9/30/2004

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

Under the CDC Cooperative Agreement, an MDPH liaison to the Massachusetts Emergency Management Agency



(MEMA) was hired. This person, Christine Packard, will be the primary staff member who will write the RFR, coordinate the review of bids and the selection of a contractor, and oversee the programmatic aspects of the contract.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

Once drills are conducted, after actions reports and changes to emergency preparedness and response plans will be made to reflect lessons learned. MDPH may consider contracting with a firm to provide independent verification and validation of the project, or to conduct an evaluation of the program. In lieu of actual incidents requiring activation of the response system, these strategies will be designed to identify operational strengths and opportunities for improvement.

5. Work with state and local emergency management agencies, environmental agencies, worker health and safety agencies, and others to conduct assessments to identify vulnerabilities in terms of human health outcomes related to a variety of biological, chemical, and mass casualty terrorist scenarios. Establish timelines, goals and objectives for conducting vulnerability assessments.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

Rapid response to a bioterrorism event will greatly influence the human health outcomes related to a variety of emergency scenarios, including acts involving chemical and biological weapons and mass casualty incidents. This information should be incorporated with all known information about chemical and biological weapons (i.e., incubation periods, fatality rates, available prophylaxis, etc.).

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

Review after actions reports and discuss recommendations and lessons learned with emergency management, environmental management, health and safety agencies, etc. Use this information to determine the state's vulnerability.

*Timeline: What are the critical milestones and completion dates for each task?*

Once after action reports are written (drills will be conducted May 1, 2004 – October 1, 2004), MDPH will convene a meeting with various agencies to discuss vulnerability. Once vulnerabilities are determined, appropriate countermeasures must be incorporated into emergency preparedness plans.

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

Emergency Preparedness Coordinator Cindy Larson and MDPH Liaison to MEMA Christine Packard

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

Once drills are conducted, after actions reports and changes to emergency preparedness and response plans will be made to reflect lessons learned. MDPH will contract with a firm to provide independent verification and validation of the project, or to conduct an evaluation of the program. In lieu of actual incidents requiring activation of the response system, these strategies will be designed to identify vulnerabilities in terms of human health outcomes related to a variety of biological, chemical, and mass casualty terrorist scenarios.

6. Work with hospitals, the medical community, and others to plan coordinated delivery of critical health services and effective medical management emergencies. Establish timelines, goals and objectives for achieving and refining the critical capacity requirements.

*Strategies: What overarching approach(es) will be used to undertake this activity?*



Support regional surge capacity planning groups with representatives of all hospitals, EMS, public health, and public safety agencies. Develop and extend communications plans and response plans for delivery of care, patient transfer, and logistical support.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

Continue to convene these groups, with assistance of Massachusetts Hospital Association (MHA), and follow formal planning Memorandums of Understanding to manage the funding stream in pursuit of goals.

*Timeline: What are the critical milestones and completion dates for each task?*

Communication plan complete by 2/2004  
Regional plans complete by 9/2004  
Exercises by 9/2004; test and revise plans as necessary.

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

Oversight via MHA and MDPH staff from the HRSA cooperative agreement group. Hospitals, EMS regions, public safety agencies.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

Documentation of meetings conducted and attended; meeting minutes submitted. Submission of regional planning documents. Establishment of formal communication hardware and networks. Testing of systems via exercises.

7. (HRSA/CDC Cross-Cutting Activity) Review and comment on documents regarding the National Incident Management System (NIMS), develop and maintain a description of the roles and responsibilities of public health departments, hospitals, and other health care entities in the Statewide incident management system and, where applicable, in regional incident management systems.  
**(CRITICAL BENCHMARK #5)**

*Strategies: What overarching approach(es) will be used to undertake this activity?*

In reviewing information on NIMS, Massachusetts understands that it is overwhelmingly likely that NIMS will reflect the nationally recognized Incident Command System (ICS) methodology. Massachusetts emergency management currently utilizes ICS to implement the CEMP. Therefore, once NIMS has formally designated ICS as its principle methodology, Massachusetts will already be compliant. MDPH is the primary agency responsible for implementing MAESF-8, a coordinating effort under the Logistics Section of ICS. Local health departments, hospitals and health care entities are supporting agencies that ensure resources and service required under MAESF-8 are provided during an emergency.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

MDPH will ensure that MAESF-8 is kept up-to-date, incorporating plans currently being developed by various workgroups, including the Commonwealth's smallpox plan, the SNS plan, and the risk communication plan.

*Timeline: What are the critical milestones and completion dates for each task?*

MAESF-8 will be updated on an ongoing basis.

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

The Emergency Preparedness Coordinator and the MDPH Liaison to MEMA, with input from other stakeholder groups, will be responsible for overseeing this activity.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*



MDPH will conduct a meta-analysis of other ESF-8 plans in other states. Additionally, the MAESF-8 will be tested in the statewide exercise program to be implemented this fiscal year.

**ENHANCED CAPACITY #3:** To ensure that public health systems have optimal capacities to respond to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.

1. Update and refine state, city, and regional response plans based upon deficiencies noted from exercises or actual events. Establish timelines, goals and objectives for achieving and refining the enhanced capacity requirements.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

Mitigate the impact of the next influenza pandemic by:

- 1) increasing coverage with annual influenza vaccination to 90% for all high-risk groups during the current inter-pandemic period (to provide a more solid infrastructure upon which to base a pandemic vaccination program for such groups); and
- 2) improve coverage with pneumococcal vaccine to 90% during the current inter-pandemic period (vaccinating people at risk for pneumococcal disease now will reduce deaths during a pandemic caused by secondary bacterial pneumonia, the most common complication of influenza).

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- Provide training and education to all private and public health care providers, including local health departments, on best practices, including the use of standing orders, to increase influenza and pneumococcal vaccination rates.
- Strengthen the Statewide Adult Immunization Coalition to develop strategies to provide influenza and pneumococcal vaccine to underserved populations in the Commonwealth

*Timeline: What are the critical milestones and completion dates for each task?*

Contract with the State Quality Assurance Organization by 9/2003 to

- provide training on best practices for influenza and pneumococcal vaccination through its established network and partnerships with public and private providers
- provide administrative and technical support to the Adult Immunization Coalition to enhance community awareness about the importance of influenza and pneumococcal vaccines and coordinate activities among providers to identify and serve underserved populations

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

The contract with the State Quality Assurance Organization will be coordinated, monitored and evaluated by the MDPH Adult Immunization Coordinator and the Immunization Program Manager.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

Progress toward the successful completion of this activity will be determined by

- the establishment of a contract with the State Quality Assurance Organization
- the number of trainings on influenza and pneumococcal vaccination conducted between 8/2003 – 7/2004
- the increase in influenza and pneumococcal vaccination rates as measured by the Behavioral Risk Factor Surveillance System (BRFSS)



2. Conduct vulnerability assessments and predictions of human health effects resulting from releases of chemical or etiologic material. Establish timelines, goals and objectives for achieving and refining the enhanced capacity requirements.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

- Development of shelter in place guideline
- Identification of hazardous materials users
- Development of departmental chemical emergency response protocol
- Development of building ventilation system vulnerability analysis to chemical releases

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- Draft shelter in place guideline in conjunction with state emergency management agency (MEMA)
- Identify hazardous materials users through acquisition of information available through the Emergency Planning and Community Right-To-Know Act (EPCRA) of 1996.
- Develop geographical information systems (GIS) concerning hazardous materials users as well as vulnerable facilities (schools, hospitals, day care centers, police stations, etc.)
- Identify all department staff involved in chemical emergency response
- Obtain contact information of other emergency response agencies to coordinate response
- Develop chemical fact sheets
- Develop guidance for chemical agents that can be used as weapons of mass destruction
- Develop guidance concerning building ventilation system vulnerability analysis to chemical releases

*Timeline: What are the critical milestones and completion dates for each task?*

- Issuance of draft shelter in place guideline in conjunction with MEMA BY 12/2003
- Identify hazardous materials users through acquisition of information available through the Emergency Planning and Community Right-To-Know Act (EPCRA) of 1996 BY 12/ 2003 and updated on yearly basis as new information available
- Using GIS to map the location of hazardous materials users as well as vulnerable facilities (schools, hospitals, day care centers, police stations, etc.) by 9/2004 and updated on yearly basis as new information available
- Issue departmental chemical emergency response protocol by 9/2003
- Issue guidance concerning building ventilation system vulnerability analysis to chemical releases by 6/2004

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

- Issuance of draft shelter in place guideline in conjunction with State Emergency Management agency: Bureau of Environmental Health Assessment (BEHA)
- Identify hazardous materials users through acquisition of information available through the Emergency Planning and Community Right-To-Know Act (EPCRA) of 1996: Bureau of Environmental Health Assessment (BEHA).
- Using GIS to map location of hazardous materials users as well as vulnerable facilities (schools, hospitals, day care centers, police stations, etc.): Bureau of Environmental Health Assessment (BEHA)
- Issue departmental chemical emergency response protocol: Bureau of Environmental Health Assessment (BEHA)

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

- Issuance of draft shelter in place guideline in conjunction with State Emergency Management agency: Adoption and issuance of shelter in place document by Massachusetts Emergency Management Agency (MEMA)
- Identify hazardous materials users through acquisition of information available through the Emergency Planning and Community Right-To-Know Act (EPCRA) of 1996: Physically acquiring electronic data from various agencies.





- Using GIS to map location of hazardous materials users as well as vulnerable facilities (schools, hospitals, day care centers, police stations, etc.): Bureau of Environmental Health Assessment (BEHA): Production of comprehensive computer maps made available to related emergency response agencies
- Issue departmental chemical emergency response protocol: produce a protocol that has buy-in from all key stakeholders

3. Update and refine assessments of and response to epidemiologic, laboratory, and environmental health needs resulting from scenario and vulnerability assessments.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

A variety of surveillance systems are being developed to identify sensitive receptors.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

Identification of data resources.

*Timeline: What are the critical milestones and completion dates for each task?*

Surveillance timelines vary.

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

Bureau of Environmental Health Assessment:

- Environmental Epidemiology Program
- Environmental Toxicology Program
- Emergency Response/Indoor Air Quality Program

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

Progress will be determined based on the success of the pilot testing of systems.

4. Develop and expand the capacity to conduct environmental sampling and health follow-up of victims following terrorist attacks.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

These activities are currently being addressed in planning for the implementation of the BioWatch program in Massachusetts. The environmental sampling and public health response protocols are currently being addressed in the Massachusetts Draft Consequence Management Plan for BioWatch. For more information on this, please contact Cynthia Larson, Emergency Preparedness Coordinator, at 617-624-5289.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

See above.

*Timeline: What are the critical milestones and completion dates for each task?*

See above.

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

See above.



*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

See above.

5. Develop and expand the capacity to communicate immediately and reliably with the public, healthcare providers, the response community, the media, and elected officials.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

The Alert Network (as described in Focus Area E, Critical Capacity #11) will be the primary resource for communication with public health providers, the response community and elected officials.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

Continue statewide deployment of the Alert Network to include representation from all 351 local health jurisdictions, physicians, public safety, EMS, hospitals and all other public health partners.

*Timeline: What are the critical milestones and completion dates for each task?*

Statewide implementation of the Alert Network will begin in 9/2003.

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

MDPH Division of Epidemiology and Immunization along with key stakeholders and identified contractors will be responsible for continued maintenance of 24/7 notification system.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

Routine tests and drills will be held; reports indicating that at least representatives of at least 90% of the population were contacted during a simulated public health emergency will be considered successful.

6. Develop and expand capacities to respond to injuries resulting from terrorist events, including the capacity to develop and standardize instruments used in conducting needs assessments of the healthcare system capacity to provide optimal trauma care, and the capacity to conduct injury surveillance in an acute event, and to survey ongoing victim needs.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

Support the hospital and EMS regional planning groups in the refinement of the trauma patient distribution and treatment plan. Expansion of surveillance systems statewide, to include trauma as well as “classical” bioterrorism syndromes.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

Oversight of trauma system planning by MDPH via Massachusetts Hospital Association and MDPH staff. Submission of regional plans. Enhancements of hospital communications plan to allow for real-time report-back of patient numbers, conditions, and needs. Surveillance system implementation.

*Timeline: What are the critical milestones and completion dates for each task?*

Communications plan submitted by 3/2004  
Regional plans submitted by 9/2004

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*



Hospital and EMS regional planning groups and the Massachusetts Hospital Association, with direct oversight by the HRSA cooperative agreement team.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

Submission of plans. Exercises conducted to determine gaps.

7. Develop and expand the capacity to address worker health and safety issues related to bioterrorism, with a primary focus on protection of emergency response workers, remediation workers, workers responsible for restoring essential public services, and other exposed occupational groups such as postal workers and healthcare workers.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

Training of personnel broadly in recognition of BT events. Training of EMS and hospital personnel in use of personal protective equipment.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

Support of the Massachusetts Fire Academy (MFA) in its provision of HazMat, PPE, and decontamination training to EMS and hospital workers. Continued communication of alerts to EMS, hospital, and public health agencies.

*Timeline: What are the critical milestones and completion dates for each task?*

Conduct of training courses at the MFA, throughout the grant period. Successful communication with all audiences throughout the grant period.

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

Responsible parties include the MFA, MDPH, including the HRSA team and health educators in the Division of Epidemiology and Immunization. Partners include academic institutions in the area, such as the Academic Centers for Public Health Preparedness.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

Submission of attendance lists and training evaluations from MFA and from academic partners.

### III. STRATEGIC NATIONAL STOCKPILE (formerly the National Pharmaceutical Stockpile)

**CRITICAL CAPACITY #4:** to effectively manage the CDC Strategic National Stockpile (SNS), should it be deployed—translating SNS plans into firm preparations, periodic testing of SNS preparedness, and periodic training for entities and individuals that are part of SNS preparedness.

1. Develop or maintain, as appropriate, an SNS preparedness program within the recipient organization's overall terrorism preparedness component, including full-time personnel, that is dedicated to effective management and use of the SNS statewide. This SNS preparedness program should give priority to providing appropriate funding, human and other resources, and technical support to local and regional governments expected to respond should the SNS deploy



there. **(CRITICAL BENCHMARK #6)**

*Strategies: What overarching approach(es) will be used to undertake this activity?*

MDPH has appointed a manager and a full time Statewide SNS Coordinator (pharmacist) to coordinate this effort; funded a position in the Boston MMRS to assist with coordination and support the Boston MMRS; and will be expanding the SNS infrastructure in the FY2003 budget year to support the other MMRSs, cities and towns. MDPH has established an SNS Workgroup to advise on SNS preparedness planning, particularly the development of a comprehensive statewide SNS plan. A workplan was developed to guide all planning areas. Three subgroups have been established to work on specific areas of the workplan, namely, SNS distribution, SNS dispensing and administration and MMRS stockpile management and coordination.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- Oversee conduct of a statewide capacity and needs assessment
- Develop a statewide SNS asset management plan and implementing procedures
- Complete expansion of SNS infrastructure to include two additional MMRS/Regional Coordinators
- Cross-train SNS manager and coordinators to serve as the lead and deputy SNS staff in an emergency
- Provide technical assistance to regions and localities for SNS asset management planning
- Oversee development of information technology infrastructure to support SNS asset management
- Conduct orientation, training and exercising of SNS asset management plan
- Evaluate statewide preparedness to receive and manage SNS assets
- Review, revise and enhance SNS asset management plan and implementing procedures based on evaluation
- Conduct regular meetings of SNS Workgroup and subgroups
- Provide updates to Bioterrorism Advisory Committee and Hospital Preparedness Planning Committee

*Timeline: What are the critical milestones and completion dates for each task?*

- Capacity and needs assessment completed by 4/2004
- Statewide SNS plan by 12/2003
- SNS infrastructures by 1/2004
- Cross-training (ongoing)
- Technical assistance (ongoing)
- Information technology infrastructure by 1/2004
- Orientation, training, exercising implemented by 1/2004
- Evaluation implemented by 3/2004
- Review, revision and enhancement initiated by 5/2004
- SNS Workgroup meetings (semi-quarterly)
- Advisory Committee meetings (quarterly)

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

The SNS manager and Statewide SNS Coordinator will be responsible for coordinating all tasks. Contracts will be considered for capacity and needs assessment, information technology, training and exercising. The MMRS/Regional Coordinators and SNS Workgroup will assist the Statewide Coordinator in accomplishing the tasks, including the provision of technical assistance to regions, cities and towns. The Needs Assessment Workgroup, in collaboration with the SNS Workgroup, will coordinate and implement the capacity and needs assessment.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

The SNS Workgroup and the Advisory Committees will evaluate the Statewide SNS Asset Management Plan. The Plan will be tested periodically and evaluated for effectiveness in meeting preparedness goals.



2. Provide funding, human and other resources, and technical support to help local and regional governments develop a similar SNS preparedness program dedicated to effective management and use of the SNS.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

Three MMRS/Regional SNS Coordinators will work directly with the MMRS cities and other cities and towns in the Commonwealth to facilitate development of regional and local SNS asset management plans. The MMRS subgroup was established to foster collaboration and coordination between and among the state and MMRS cities on SNS preparedness. The Regional Preparedness Coordinators will collaborate with the SNS Regional Coordinators to provide technical assistance on SNS preparedness to regions and local governments.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- Oversee conduct of regional and local capacity and needs assessments
- Develop guidance materials to define regional and local roles and responsibilities
- Develop model plans for regional and local SNS asset management
- Provide technical assistance to regions and localities for SNS asset management planning
- Coordinate and monitor SNS, state, MMRS, regional and local pharmaceutical stockpiles and caches
- Develop regional plans for vaccination of or distribution of antibiotics to entire state population in 3-5 days
- Conduct orientation, training and exercising of regional and local emergency response personnel
- Evaluate regional and local preparedness to receive and manage SNS assets
- Review and recommend revisions and enhancements to SNS plans based on evaluation

*Timeline: What are the critical milestones and completion dates for each task?*

- Capacity and needs assessment completed by 4/2004
- Guidance materials compiled by 2/2004
- Model regional and local plans completed by 3/2004
- Technical assistance (ongoing)
- Stockpiles and caches (ongoing)
- Mass vaccination and prophylaxis plans initiated by 3/2004
- Orientation, training and exercising initiated by 1/2004
- Evaluation initiated by 4/2004
- Review plans by 9/2004

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

The MMRS/Regional SNS Coordinators and Regional Preparedness Coordinators will provide technical assistance and orientation to regions and localities. The SNS Dispensing/Administration subgroup will develop guidance materials to define local roles and responsibilities. The SNS Workgroup will develop model SNS asset management plans for regions, cities and towns based on the statewide plan. The Needs Assessment Workgroup, in collaboration with the SNS Workgroup, will coordinate and implement the capacity and needs assessment. Contracts will be considered for training and exercising.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

The SNS Workgroup and the Advisory Committees Guidance will evaluate guidance materials and model plans. Regional and local plans will be tested periodically and evaluated for effectiveness in meeting preparedness goals.

3. Prepare and implement a project area strategy to ensure the SNS preparedness functions described in Version #9 of the *guide for Planning the Receipt and Distribution of the CDC National*



*Pharmaceutical Stockpile, April 2002, will be mobilized to respond to an SNS deployment anywhere in the project area and that defines the roles of local and regional governments in leading and staffing various of those functions.*

*Strategies: What overarching approach(es) will be used to undertake this activity?*

SNS preparedness functions are part of MEMA emergency support functions and mobilization of resources will be conducted in accordance with the Massachusetts Comprehensive Emergency Management Plan (CEMP). State, regional and local staffing plans will be part of the Statewide SNS Asset Management Plan that will be fully integrated with the CEMP. MDPH will develop a registry of personnel and volunteers to staff MAESF-8 emergency response functions, including those needed for SNS support. Guidance materials and model plans will be developed to define regional and local roles and responsibilities, including staffing functions (see #2). Personnel and volunteers will be provided with orientation, training and exercise opportunities (see #2).

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- Develop staffing plan as part of statewide SNS asset management plan
- Integrate SNS staffing plan into CEMP
- Develop staff registry and credentialing mechanism
- Recruit personnel and volunteers
- Develop guidance materials to define regional and local roles and responsibilities (see #2)
- Develop model plans for regional and local SNS asset management (see #2)
- Conduct orientation, training and exercising of SNS personnel and volunteers (see #2)

*Timeline: What are the critical milestones and completion dates for each task?*

- Staffing plan in place by 3/2004
- Integration into CEMP by 5/2004
- Registry and credentialing mechanism initiated by 5/2004
- Recruiting begun by 11/2003
- Guidance materials complete by 3/2004
- Model regional and local plans initiated by 1/2004
- Orientation, training and exercising months complete by 12/2004

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

The Statewide SNS Coordinator will be responsible for coordinating all tasks. Contracts will be considered for development of SNS preparedness functions (e.g., inventory control and tracking, distribution, security), the registry and credentialing mechanisms, training and exercising and recruitment. SNS staff and the SNS Workgroup and subgroups will develop the guidance materials and model plans (see #2). SNS staff, in conjunction with the MDPH Liaison to MEMA, will coordinate with MEMA concerning integration of plans into the MCEMP.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

The SNS Workgroup and the Advisory Committees Guidance will evaluate guidance materials and model plans. State, regional and local plans will be tested periodically and evaluated for effectiveness in meeting preparedness goals.

4. Collaborate with local and regional governments leading and staffing various SNS preparedness functions to carry out coordinated orientation and training for the members of those function teams, and to carry out periodic readiness exercises for those teams, individually, as groups of interdependent functions, and as a complete SNS preparedness organization.





*Strategies: What overarching approach(es) will be used to undertake this activity?*

MDPH will collaborate and coordinate with MMRS cities and other regions, cities and towns to design, develop and implement orientation, training and exercise programs. MDPH will provide technical assistance to regions and localities for SNS asset management planning (see #2).

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- Provide orientation to statewide SNS asset management plan
- Provide orientation and training on model regional and local plans
- Provide technical assistance to regions and localities for SNS asset management planning
- Conduct exercises on statewide, regional and local plans separately and in combination
- Participate in regional and local exercises

*Timeline: What are the critical milestones and completion dates for each task?*

- Orientation to statewide plan initiated by 2/2004
- Orientation to and training on model plans initiated by 2/2004
- Technical assistance ongoing
- Conduct exercises beginning in 2/2004

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

The MMRS/Regional SNS Coordinators and Regional Preparedness Coordinators will provide technical assistance and orientation to the MMRS cities and other cities and towns in the Commonwealth. . Staff will work with the MMRS subgroup and directly with regions and localities to coordinate orientation, training and exercising of plans. Contracts will be considered for training and exercising.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

Trainings and exercises will be evaluated to determine effectiveness in meeting preparedness goals.

5. Collaborate with the recipient organization carrying out Focus Area F to prepare public communication campaigns that, in a bioterrorism event, would (1) inform the public of where to obtain prophylaxis; (b) encourage adherence to oral prophylaxis regimens; (c) advise on various antibiotics to be prescribed; (d) explain the threat agent and its transmissibility; and (e) address local issues, e.g., urging undocumented populations to seek prophylaxis. **(LINK WITH FOCUS AREA F)**

*Strategies: What overarching approach(es) will be used to undertake this activity?*

Public information materials and communication mechanisms will be developed to educate the public on individual roles and responsibilities and to prepare for dissemination in an event.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- Develop public information materials
- Develop strategies for dissemination of public information
- Provide basic information to the public
- Prestage public information campaigns for use in an event

*Timeline: What are the critical milestones and completion dates for each task?*

- Public information materials complete by 3/2004
- Dissemination strategies in place by 5/2004



- Basic information dissemination begun by 5/2004
- Prestage emergency information campaigns initiated by 5/2004

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

The Statewide SNS Coordinator will be responsible for coordinating all tasks in conjunction with the Education and Training Workgroup. Contracts will be considered for development of public information materials, dissemination strategies and information campaigns.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

The SNS Workgroup, Education and Training Workgroup and Advisory Committees will evaluate public information materials and campaigns. Effectiveness will be evaluated based on testing on focus groups as well as feedback from the public after dissemination of basic information.

6. Develop and maintain communications between SNS preparedness program and recipient organizations carrying the other focus areas funded under this cooperative agreement, allowing for collaboration as appropriate.

*Strategies: What overarching approach(es) will be used to undertake this activity?*

The SNS Workgroup provides progress reports to the Advisory Committees and at meetings of Bioterrorism Preparedness and Response Program Directors and Workgroup managers and coordinators. The SNS Workgroup includes representatives who serve on other Workgroups. MDPH/SNS staff participate regularly in Smallpox Workgroup meetings and work with other Workgroups and coordinators as needed. SNS Workgroup background and meeting information is posted on the MDPH emergency preparedness website and Workgroup progress will also be posted on the MA Alert Network.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

- Provide progress reports to Advisory Committees and directors, managers and coordinators
- Promote networking among Workgroups
- Participate in Smallpox and other Workgroup meetings; monitor Workgroup activities
- Post Workgroup progress on MA Alert Network

*Timeline: What are the critical milestones and completion dates for each task?*

- Progress reports are ongoing
- Networking is ongoing
- Workgroup meetings are ongoing
- Post Workgroup progress are ongoing

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

The SNS manager and Statewide SNS Coordinator will be responsible for coordinating all tasks.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*

The degree of task coordination will be evaluated by Program Directors and the Advisory Committees.

7. (Smallpox) Describe the procedure that will be used to monitor, store, and manage large quantities of smallpox vaccine within smallpox response resources (hospitals, healthcare facilities, public health clinics).



*Strategies: What overarching approach(es) will be used to undertake this activity?*

MDPH will utilize its existing vaccine distribution system, which has been distributing vaccines for over 60 years for the state's universal childhood vaccine distribution program, to manage smallpox vaccine. Vaccine would be distributed from a central depot at the State Laboratory Institute (SLI) to five MDPH regional offices and the Boston Public Health Commission, which further distribute vaccine to local boards of health and other sites. Vaccine would be shipped by MDPH, MEMA and/or the State Police per the authority of MEMA's MAESFs 1 and 16 (Transportation and Security). Travel time by ground vehicle between the SLI and the regional offices is less than one hour, except for the western region, which is approximately two hours away. There are currently 140 vaccine distributors throughout the state that receive vaccines from the MDPH regional offices, and distribute them to health care providers in their area. Most of the 140 distributors are local Boards of Health which act as distributors for providers in their city or town. Most of the other vaccine distributors are Visiting Nurse Associations (VNA) who typically serve as a vaccine distribution site for several cities or towns in their area.

Vaccine data management will be done through the Massachusetts Prophylaxis and Vaccine Management System, which is currently used for pre-event smallpox vaccine data management. MDPH will contract to conduct a logistics organization review of the current distribution process to assess its scalability and adaptability to meet the specifications for SNS asset distribution, including mass distribution of smallpox vaccine. Vaccine would be delivered directly to one central statewide storage facility at the State Laboratory Institute (SLI) where it would be stored in two walk-in refrigerators. The current storage capacity at SLI is 2.5 million doses of flu vaccine (10 dose vials) above the usual amount of vaccine stored there on a daily basis. If additional storage would be necessary, a refrigerated tractor-trailer truck (45'x 8'x 8') could be procured within 48 hours.

As hospitals and local health departments sign onto the pre-event smallpox vaccination program, a staff person from the MDPH Vaccine Management Unit goes out to the facilities and certifies them to store smallpox vaccine. Requirements for certification include the signing of an agreement to follow all recommended vaccine handling procedures, having a 24-hour temperature monitoring device, a locked/secure unit and a written backup plan for alternative storage.

*Tasks: What key tasks will be conducted in carrying out each identified strategy?*

As part of the MDPH SNS planning efforts, a logistics organization review of the current distribution process will be conducted by an outside contractor in order to assess whether the current system may be scaled and adapted to meet the specifications for SNS distribution, including mass distribution of smallpox vaccine. In addition, the following tasks will be completed:

- Incorporation of vaccine distribution, tracking and management activities into SNS plans
- Certification of hospitals, local boards of health and other sites for vaccine storage and handling
- Conduct orientation, training and exercising of smallpox vaccine distribution system

*Timeline: What are the critical milestones and completion dates for each task?*

- Logistics organization review initiated by 9/2003
- Incorporation into SNS plans complete by 6/2004
- Certification of storage sites is ongoing
- Orientation, training and exercising initiated by 7/2004

*Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.*

The MDPH Vaccine Management Unit Coordinator and the Immunization Program Manager, in collaboration with the SNS and Smallpox Workgroups, will coordinate the review of the vaccine distribution system. The MDPH Vaccine Management Unit certifies facilities to store and handle smallpox vaccine.

*Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?*



The SNS and Smallpox Workgroups and the Advisory Committees will evaluate the smallpox vaccine distribution plan. Trainings and exercises will be evaluated to determine effectiveness in meeting preparedness goals.